



Instructions:
**Kansas Professional
Limited Liability Company
Articles of Organization**

**Contact:
Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

All information on the articles of organization must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$165**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples to attach checks.**
- ☐ 3. **INCLUDE AN ORIGINAL CERTIFICATE FROM THE REGULATORY BOARD:** The certificate must be issued by the state regulatory board for each incorporator stating that they are licensed and that the business entity name is approved.
- ☐ 4. **COMPANY NAME:** A word of organization must be included in the name per K.S.A. 17-7673. Permitted words of organization are "Limited Company", "Limited Liability Company", or the abbreviation "L.C.", "L.L.C.", "LC" or "LLC". Kansas Statutes can be reviewed at www.kslegislature.org.
- ☐ 5. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 6. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 7. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 8. **PURPOSE:** Must include a specific professional purpose (ex. Practice of Medicine).
- ☐ 9. **SIGNATURES:** The articles require the signature of any person authorized to form the limited liability company.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution.
All information must be completed or this document will not be accepted for filing.*

PDL

KANSAS SECRETARY OF STATE

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Company Articles of Organization****CONTACT: Kansas Office of the Secretary of State**Memorial Hall, 1st Floor
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kssos@sos.ks.gov
www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. Name of the limited liability company:****2. Name of the resident agent and address of the registered office in Kansas:***Address must be a street address
A P.O. box is unacceptable*

Name

Street Address

Kansas

City

State

Zip

3. Mailing address:*This address will be used to send official mail from the Secretary of State's office*

Attention Name

Address

City

State

Zip

Country

4. Tax closing month:**5. State the professional purpose of the LLC:****6. Effective date:***A future effective date must be within 90 days of filing date*☐ Upon filing☐ Future effective date

Month

Day

Year

7. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Signature of organizer

Date (month, day, year)